

**CITY OF SAN DIEGO**  
**2009 Junior Lifeguard Program Scholarship Application**

The San Diego Junior Lifeguard Program follows the San Diego County Housing and Community Development criteria low income guidelines. Please review the following guidelines for Full and Half Scholarships.

**HALF SCHOLARSHIP (\$250.00)**

<u>FAMILY SIZE</u>	<u>MAXIMUM ANNUAL INCOME</u>
1 Person.....	39,300
2 Person.....	44,900
3 Person.....	50,550
4 Person.....	56,150
5 Person.....	60,650
6 Person.....	69,650
7 Person.....	69,650
8 Person.....	74,100

**FULL SCHOLARSHIP (\$500.00)**

<u>FAMILY SIZE</u>	<u>MAXIMUM ANNUAL INCOME</u>
1 Person.....	24,500
2 Person.....	28,100
3 Person.....	31,600
4 Person.....	36,150
5 Person.....	37,900
6 Person.....	40,700
7 Person.....	43,500
8 Person.....	46,350

\*\*\***FAMILY SIZE:** Number of people in the immediate family including parents & dependants.

\*\*\***MAXIMUM ANNUAL INCOME:** Combined annual income from all wage earners in immediate family. This includes all sources of income including government aid, spousal support and child support.

**Please list the name(s) of student(s) for which a scholarship is being applied (siblings or foster only)**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Parent(s) or Legal Guardian(s) Contact information.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

**Number of people in immediate family:** \_\_\_\_\_ **Number of wage earners in family:** \_\_\_\_\_

**Name of Wage Earner(s):**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Total Adjusted Gross Income from Federal 1040:** \_\_\_\_\_

\*\*Junior Lifeguard Scholarships are available on a limited basis and sessions and times may be assigned based on availability.

**PLEASE RETURN THE FOLLOWING FORMS ALONG WITH THIS SCHOLARSHIP APPLICATION**

1. A photocopy of the 2008 W-2s for each wage earner as verification of wages.
2. As-is photocopy of your 2008 1040 form(s)
3. Self-employed: Photocopy of your Profit & Loss Statement

*\*\*ALL information is confidential and subject to independent verification.*

**PLEASE ATTACH THIS COMPLETE FORM TO THE 2009 JUNIOR LIFEGUARD PROGRAM APPLICATION**  
**AND SEND TO: San Diego Junior Lifeguard Program / Scholarships: 2581 Quivira Ct., San Diego, CA 92109**